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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
(Case No. 99-372-F)

PATENT

In re Application of: Welcher et al. )  
Serial No.: 09/927,850 ) Before the Examiner: J. Andres  
Filed: August 10, 2001 ) Group Art Unit: 1646  
For: Interferon-Like Molecules )  
and Uses Thereof )

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

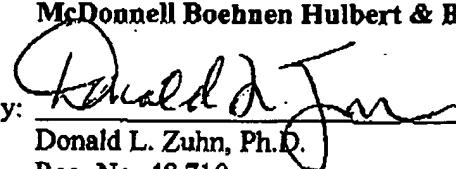
Sir:

PETITION FOR A THREE-MONTH EXTENSION OF TIME

Applicants request a Three-Month Extension of Time to respond to the Official Action mailed July 6, 2004. The Commissioner is authorized to charge \$1,020.00 for an Extension fee under 37 C.F.R. § 1.136(a), pursuant to 37 C.F.R. § 1.17(a)(3), to Deposit Account No. 13-2490.

Respectfully submitted,  
McDonnell Boehnen Hulbert & Berghoff

By:

  
Donald L. Zuhn, Ph.D.  
Reg. No. 48,710

Dated: January 6, 2005

Adjustment date: 07/13/2009 CKHLOK  
06/11/2009 IN/EFSW 00016808 132490 09927850  
02 FC:1255 2350.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>07/10/09</u>		2 Serial/Patent # <u>09/927,850</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time 1255		<u>06/11/09</u>	\$ 2,350.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 2,350.00</u>
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #: <u>9 1 3 -- 2 4 9 0</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation):  The extension of time period is over, no extension fee is needed.			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Irvin Djingle</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>Irvin Djingle</u>		PHONE: <u>2-3210</u>	
OFFICE: <u>Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>CKD/K</u>		DATE: <u>7/13/09</u>	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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